

Telecommunications Carriers **AUTHORIZED UTILITY REPRESENTATIVE FORM** CERTIFICATED COMPANY INFORMATION FEIN/SSN Company Name: CBTS Technology Solutions LLC Telephone # DBA/FKA: Cincinnati Bell Any Distance Inc. Mailing Address: 221 East Fourth Street State: Ohio ZIP Code: 45202 City: Cincinnati Wireless ETC ILEC IXC_X CLECx REGISTERED AGENT INFORMATION Registered Agent: Corporation Service Company Mailing Address: 1703 Laurel Street State: South Carolina ZIP Code: 29201 City: Columbia

As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTILIT	Y REPRESENTATIVE INFO	RMATION
General Manager			
Name: Brandon Bowman			
Address: 25 Merchant			
City: Springdale		State: Ohio	ZIP Code: 45246
Phone: 513 565 2269	Email: bran	don.bowman@cbts.com	Fax:
Emergency Contact - N	lon Office Hou	rs	
Name: Ted Heckmann			
Phone: 513 608 7624	Email: ted.t	neckmann@cinbell.com	Fax:
Customer Relations/Co	omplaints Rep		
Name: Kathy Campbell			
Address: 221 East Fourth Str	reet		
City: Cincinnati		State: Ohio	ZIP Code: 45202
Phone: 513 397 1296	Email: kathy	.campbell@cinbell.com	Fax:
Complaints Rep for Co	mplaint Escala	tion	
Name: Ted Heckmann			
Address: 221 East Fourth St	reet		
City: Cincinnati	ty: Cincinnati		ZIP Code: 45202
Phone: 513 397 1375	Email: ted.h	eckmann@cinbell.com	Fax:
Customer Toll Free Co	ntact Number:	866 587 2287	
Engineering Operation	S		
Name: Tony King			
Address: 510 East 96th Stree	et		
City: Indianapolis		State: Indiana	ZIP Code: 46240
Phone: 317 696 8879	Email: tony	v.king@cbts.com	Fax:
Test and Repair			ECEIV
Name: Tony King			ZIP Code: 46240 Fax: ZIP Code: 46240 Fax: PSCSC Clerks
Address: 510 East 96th Stre	et		252
City: Indianapolis		State: Indiana	ZIP Code: 46240
Phone: 317 696 8879	Email: tony	r.king@cbts.com	Fax: PSCSC Clerks Off

UTILITY REPRESENTATIVE INFORMATION							
Regulatory Officer							
Name & Title: Ted Heckmann - Senior Director Regulatory & Government Affairs							
Address: 221 East Fourth Street							
City: Cincinnati		State: Ohio	ZIP Code: 45202				
Phone: 513 397 1375	Email: ted.heckmann@cinbell.com		Fax:				
Annual Report Form Mailin	gs						
Name & Title: Michael Ryan Murphy, Senior Director Corporate Tax							
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Phone: 513 658 8355	Email: mik	e.murphy@cinbell.com	Fax:				
Dual Party Invoice Mailings							
Name & Title: Ashley Rains, Tax	Accountant						
Address: 221 East Fourth Street							
City: Cincinnati		State: Ohio	ZIP Code: 45202				
Phone: 513 565 0547	Email: Ashl	ey.rains@cbts.com	Fax:				
Universal Service Fund Ma	ilings						
Name & Title: Ashley Rains, Tax	Accountant						
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City: Cincinnati		State: Ohio	ZIP Code: 45202				
Phone: 513 565 0547	Email: Ashl	ey.rains@cbts.com	Fax:				
Gross Receipts Mailings							
Name & Title: Ashley Rains, Tax	Accountant						
Address: 221 East Fourth Street							
City: Cincinnati		State: Ohio	ZIP Code: 45202				
Phone: 513 565 0547	Email: Ashley.rains@cbts.com		Fax:				
Lifeline Contact							
Name & Title: N/A							
Address:							
City:		State:	ZIP Code:				
Phone:	Email:		Fax:				

FORM PREPARER INFORMATION					
This form was completed by: Kathleen M. Campbell					
Signature: /s/Kathleen M. Campbell					
Title: Regulatory Specialist	Date: 3/25/2021				

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201